

**ROSS MILLER Secretary of State** 206 North Carson Street Carson City, Nevada 89701-4299 (775) 684 5708

Website: www.nvsos.gov

## **Application for Registration of Foreign** Limited Partnership (PURSUANT TO NRS CHAPTER 87A)

USE BLACK INK ONLY - DO NOT HIGHLIGHT  ABOVE SPACE IS FOR OFFICE USE ONL			CE IS FOR OFFICE USE ONLY
1. Name of			
Foreign Limited			
Partnership:			
2. Name Being			
Registered with			
Nevada: (see			
instructions)			
3. Date and State			
or Country of			
Formation:	Date Formed	State or Country when	nere Authorized
4. Registered	Commercial Registered Agent:		
Agent for Service	Name		
of Process: (check	Noncommercial Registered Agent	OR Office or Positi	ion with Entity
only one box)	(name and address below)	(name and add	dress below)
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity		
			Nevada
	Street Address	City	Zip Code
			Nevada
	Mailing Address (if different from street address)	City	Zip Code
	This Foreign Limited Partnership hereby underta	•	•
	and their capital contributions at this office until its registration in Nevada is canceled or withdrawn.		
	In the event the above-designated Agent for Serv	vice of Process resigns and is not replac	ed or the agent's authority has
	been revoked or the agent cannot be found or se	erved with exercise of reasonable diligen	
	is hereby appointed as the Agent for Service of F	rocess.	
5. Street Address of			
Principal Office: (see			
instructions)	Street Address	City	State Zip Code
6. Name and	1)		
<b>Business Address</b>	Name		
of each General			
Partner: (attach	Business Address	City	State Zip Code
additional page if more	2)	,	
than 2)	Name		
	Numb		
	Dusings Address	C:t	State Zin Code
	Business Address	City	State Zip Code
7. Name and	Dartnership and that the execution of this application for registration is my act and deed and that the facts stated t		
Signature of	true.	, act and act and	
General Partner		<b>X</b>	
Making Statement:	Name	Authorized Signature	
8. Certificate of	I hereby accept appointment as Registered Agent for the above named Entity.		
Acceptance of	I HOLODY ACCORT APPOINTMENT AS INCUISIONA AGENT FOR THE APONC HAINCA ENTITY.		
Appointment of	<b>X</b>		
Registered Agent:	Authorized Signature of Registered Agent or O	n Behalf of Registered Agent Entity	— Date